

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.04701818

**Gross Claim \$505,038.51**

**Net Claim / Payment Amount \$505,038.51**

**YTD Amount: \$505,038.51**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00018818

**Gross Claim \$2,021.34**

**Net Claim / Payment Amount \$2,021.34**

**YTD Amount: \$2,021.34**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**AMADOR COUNTY TREASURER**

810 COURT ST

JACKSON

CA 95642

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**    08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00076000

**Gross Claim** **\$8,163.40**

**Net Claim / Payment Amount** **\$8,163.40**

**YTD Amount:** **\$8,163.40**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**BERKELEY CITY TREASURER**  
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00214634

**Gross Claim** **\$23,054.55**

**Net Claim / Payment Amount** **\$23,054.55**

**YTD Amount:** **\$23,054.55**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00655092

**Gross Claim** **\$70,365.69**

**Net Claim / Payment Amount** **\$70,365.69**

**YTD Amount:** **\$70,365.69**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To** 08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00092240

**Gross Claim** **\$9,907.76**

**Net Claim / Payment Amount** **\$9,907.76**

**YTD Amount:** **\$9,907.76**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA

CA 95932

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00067539

**Gross Claim** **\$7,254.63**

**Net Claim / Payment Amount** **\$7,254.63**

**YTD Amount:** **\$7,254.63**

For assistance, please call: Mike Silvera at (916) 323-0704

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.02399017

**Gross Claim \$257,686.74**

**Net Claim / Payment Amount \$257,686.74**

**YTD Amount: \$257,686.74**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00099004

**Gross Claim** **\$10,634.42**

**Net Claim / Payment Amount** **\$10,634.42**

**YTD Amount:** **\$10,634.42**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**EL DORADO COUNTY TREASURER**

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00309879

**Gross Claim** **\$33,285.21**

**Net Claim / Payment Amount** **\$33,285.21**

**YTD Amount:** **\$33,285.21**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.02966725

**Gross Claim \$318,666.26**

**Net Claim / Payment Amount \$318,666.26**

**YTD Amount: \$318,666.26**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00089348

**Gross Claim** **\$9,597.12**

**Net Claim / Payment Amount** **\$9,597.12**

**YTD Amount:** **\$9,597.12**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**HUMBOLDT COUNTY TREASURER**

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00487658

**Gross Claim** **\$52,381.03**

**Net Claim / Payment Amount** **\$52,381.03**

**YTD Amount:** **\$52,381.03**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00500347

**Gross Claim** **\$53,744.01**

**Net Claim / Payment Amount** **\$53,744.01**

**YTD Amount:** **\$53,744.01**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

INYO COUNTY TREASURER

PO BOX O

INDEPENDENCE

CA 93526

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00099965

**Gross Claim** **\$10,737.61**

**Net Claim / Payment Amount** **\$10,737.61**

**YTD Amount:** **\$10,737.61**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.02022032

**Gross Claim** **\$217,193.44**

**Net Claim / Payment Amount** **\$217,193.44**

**YTD Amount:** **\$217,193.44**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00345946

**Gross Claim** **\$37,159.31**

**Net Claim / Payment Amount** **\$37,159.31**

**YTD Amount:** **\$37,159.31**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00199182

**Gross Claim** **\$21,394.78**

**Net Claim / Payment Amount** **\$21,394.78**

**YTD Amount:** **\$21,394.78**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00097649

**Gross Claim** **\$10,488.83**

**Net Claim / Payment Amount** **\$10,488.83**

**YTD Amount:** **\$10,488.83**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.29296787

**Gross Claim** **\$3,146,869.42**

**Net Claim / Payment Amount** **\$3,146,869.42**

**YTD Amount:** **\$3,146,869.42**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To** 08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00334796

**Gross Claim** **\$35,961.59**

**Net Claim / Payment Amount** **\$35,961.59**

**YTD Amount:** **\$35,961.59**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL

CA 94913

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.01020581

**Gross Claim** **\$109,624.15**

**Net Claim / Payment Amount** **\$109,624.15**

**YTD Amount:** **\$109,624.15**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00056686

**Gross Claim \$6,088.79**

**Net Claim / Payment Amount \$6,088.79**

**YTD Amount: \$6,088.79**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00317551

**Gross Claim** **\$34,109.28**

**Net Claim / Payment Amount** **\$34,109.28**

**YTD Amount:** **\$34,109.28**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00746082

**Gross Claim** **\$80,139.26**

**Net Claim / Payment Amount** **\$80,139.26**

**YTD Amount:** **\$80,139.26**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00050866

**Gross Claim** **\$5,463.64**

**Net Claim / Payment Amount** **\$5,463.64**

**YTD Amount:** **\$5,463.64**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**MONO COUNTY TREASURER**

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00041724

**Gross Claim** **\$4,481.69**

**Net Claim / Payment Amount** **\$4,481.69**

**YTD Amount:** **\$4,481.69**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00919255

**Gross Claim** **\$98,740.37**

**Net Claim / Payment Amount** **\$98,740.37**

**YTD Amount:** **\$98,740.37**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**NAPA COUNTY TREASURER**

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00526984

**Gross Claim** **\$56,605.21**

**Net Claim / Payment Amount** **\$56,605.21**

**YTD Amount:** **\$56,605.21**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00216899

**Gross Claim \$23,297.92**

**Net Claim / Payment Amount \$23,297.92**

**YTD Amount: \$23,297.92**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.05923184

**Gross Claim \$636,229.73**

**Net Claim / Payment Amount \$636,229.73**

**YTD Amount: \$636,229.73**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**PLACER COUNTY TREASURER**

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00442786

**Gross Claim** **\$47,561.23**

**Net Claim / Payment Amount** **\$47,561.23**

**YTD Amount:** **\$47,561.23**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00076488

**Gross Claim \$8,215.79**

**Net Claim / Payment Amount \$8,215.79**

**YTD Amount: \$8,215.79**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.03586299

**Gross Claim** **\$385,216.80**

**Net Claim / Payment Amount** **\$385,216.80**

**YTD Amount:** **\$385,216.80**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.04059676

**Gross Claim** **\$436,063.92**

**Net Claim / Payment Amount** **\$436,063.92**

**YTD Amount:** **\$436,063.92**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER

CA 95023

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To** 08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00104808

**Gross Claim** **\$11,257.84**

**Net Claim / Payment Amount** **\$11,257.84**

**YTD Amount:** **\$11,257.84**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SAN BERNARDINO CO TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.04763478

**Gross Claim** **\$511,661.65**

**Net Claim / Payment Amount** **\$511,661.65**

**YTD Amount:** **\$511,661.65**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.07361273

**Gross Claim** **\$790,699.87**

**Net Claim / Payment Amount** **\$790,699.87**

**YTD Amount:** **\$790,699.87**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.05351184

**Gross Claim** **\$574,789.26**

**Net Claim / Payment Amount** **\$574,789.26**

**YTD Amount:** **\$574,789.26**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.01855416

**Gross Claim** **\$199,296.70**

**Net Claim / Payment Amount** **\$199,296.70**

**YTD Amount:** **\$199,296.70**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00502322

**Gross Claim** **\$53,956.14**

**Net Claim / Payment Amount** **\$53,956.14**

**YTD Amount:** **\$53,956.14**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.02439232

**Gross Claim** **\$262,006.39**

**Net Claim / Payment Amount** **\$262,006.39**

**YTD Amount:** **\$262,006.39**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00934729

**Gross Claim** **\$100,402.45**

**Net Claim / Payment Amount** **\$100,402.45**

**YTD Amount:** **\$100,402.45**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SANTA CLARA CO TREASURER**

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.04469514

**Gross Claim** **\$480,085.94**

**Net Claim / Payment Amount** **\$480,085.94**

**YTD Amount:** **\$480,085.94**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00574630

**Gross Claim** **\$61,722.99**

**Net Claim / Payment Amount** **\$61,722.99**

**YTD Amount:** **\$61,722.99**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00540009

**Gross Claim** **\$58,004.23**

**Net Claim / Payment Amount** **\$58,004.23**

**YTD Amount:** **\$58,004.23**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00028251

**Gross Claim \$3,034.49**

**Net Claim / Payment Amount \$3,034.49**

**YTD Amount: \$3,034.49**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00144585

**Gross Claim** **\$15,530.40**

**Net Claim / Payment Amount** **\$15,530.40**

**YTD Amount:** **\$15,530.40**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SOLANO COUNTY T TC**

675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.01027688

**Gross Claim** **\$110,387.52**

**Net Claim / Payment Amount** **\$110,387.52**

**YTD Amount:** **\$110,387.52**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.01063686

**Gross Claim** **\$114,254.17**

**Net Claim / Payment Amount** **\$114,254.17**

**YTD Amount:** **\$114,254.17**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.01285869

**Gross Claim** **\$138,119.65**

**Net Claim / Payment Amount** **\$138,119.65**

**YTD Amount:** **\$138,119.65**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00464827

**Gross Claim** **\$49,928.68**

**Net Claim / Payment Amount** **\$49,928.68**

**YTD Amount:** **\$49,928.68**

For assistance, please call: Mike Silvera at (916) 323-0704

4/3/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00203419

**Gross Claim \$21,849.98**

**Net Claim / Payment Amount \$21,849.98**

**YTD Amount: \$21,849.98**

For assistance, please call: Mike Silvera at (916) 323-0704

4/3/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

TRI CITY MENTAL HEALTH  
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00326210

**Gross Claim** **\$35,039.36**

**Net Claim / Payment Amount** **\$35,039.36**

**YTD Amount:** **\$35,039.36**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00058692

**Gross Claim \$6,304.28**

**Net Claim / Payment Amount \$6,304.28**

**YTD Amount: \$6,304.28**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA

CA 93291

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To** 08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.01324650

**Gross Claim** **\$142,285.23**

**Net Claim / Payment Amount** **\$142,285.23**

**YTD Amount:** **\$142,285.23**

For assistance, please call: Mike Silvera at (916) 323-0704



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To**   08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.00130574

**Gross Claim** **\$14,025.42**

**Net Claim / Payment Amount** **\$14,025.42**

**YTD Amount:** **\$14,025.42**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

**Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)**

**Fiscal Year: 2012**

**Collection Period:** 08/16/2012      **To** 08/15/2013

**Payment Calculations:**

Mental Health Subaccount Growth county percentages 0.01499614

**Gross Claim** **\$161,078.71**

**Net Claim / Payment Amount** **\$161,078.71**

**YTD Amount:** **\$161,078.71**

For assistance, please call: Mike Silvera at (916) 323-0704

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200450A

PAYMENT ISSUE DATE: 04/08/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

**Additional Description:**

Mental Health Subaccount Growth per Government Code Section 30027.9(c)(1)

Per schedule from the Department of Finance.

To be deposited in the County Support Services Account, Mental Health Subaccount.

Mental Health Subaccount Growth per Government Code Section 30027.9 (c)(1)

Fiscal Year: 2012

Collection Period: 08/16/2012 To 08/15/2013

Payment Calculations:

Mental Health Subaccount Growth county percentages 0.00485803

**Gross Claim \$52,181.83**

**Net Claim / Payment Amount \$52,181.83**

**YTD Amount: \$52,181.83**

For assistance, please call: Mike Silvera at (916) 323-0704

4/3/2014

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